



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 11-01406-288

**Community Based Outpatient
Clinic Reviews
San Antonio (North Central Federal
Clinic) and Uvalde, TX
Tyler, TX
Alamogordo and Artesia, NM
Bellemont and Kingman, AZ**

September 26, 2011

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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Glossary

ADA	Americans with Disabilities Act
C&P	credentialing and privileging
CBOC	community based outpatient clinic
COTR	Contracting Officer's Technical Representative
CPRS	Computerized Patient Record System
CT	Computerized Tomography
DX & TX Plan	Diagnosis & Treatment Plan
ED	emergency department
EKG	electrocardiogram
EOC	environment of care
FAR	Federal Acquisition Regulation
FPPE	Focused Professional Practice Evaluation
FTE	full-time employee equivalents
FY	fiscal year
HCS	Health Care System
IT	information technology
LCSW	Licensed Clinical Social Worker
MedMgt	medication management
MH	mental health
MHICM	mental health intensive case management
MRI	Magnetic Resonance Imaging
MST	military sexual trauma
NCFC	North Central Federal Clinic
NP	nurse practitioner
OIG	Office of Inspector General
OPPE	Ongoing Professional Practice Evaluation
PA	physician assistant
PCMM	Primary Care Management Module
PCP	primary care provider
PET	Positron Emission Tomography
PII	personally identifiable information
PTSD	Post-Traumatic Stress Disorder
Qtr	quarter
RFP	Request for Proposals
TX	treatment
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary

Purpose: We conducted an inspection of seven CBOCs during the week of June 20, 2011. We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care. Table 1 lists the sites inspected.

VISN	Facility	CBOC
17	South Texas Veterans HCS	North Central Federal Clinic
		Uvalde
	VA North Texas HCS	Tyler
18	New Mexico VA HCS	Alamogordo
		Artesia
	Northern Arizona VA HCS	Bellemont
		Kingman
Table 1. Sites Inspected		

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

South Texas Veterans HCS

- Ensure providers at the NCFC CBOC document a justification in the medical record for the use of Short-Term Fee Basis care.
- Ensure that authorized personnel at the NCFC CBOC approve Short-Term Fee Basis care requests in accordance with VHA and local policy.
- Ensure that patients at the NCFC CBOC receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record.
- Ensure that ordering practitioners, or surrogate practitioners, at the NCFC CBOC review Short-Term Fee Basis reports within 14 days from the date on which the results are available.
- Ensure that ordering practitioners, or surrogate practitioners, at the NCFC CBOC communicate Short-Term Fee Basis results to patients within 14 days from the date on which the results are made available.
- Maintain a sign-in/out log in all rooms containing IT equipment at the NCFC CBOC.
- Ensure that the PCMM Coordinator's duties are performed in accordance with the VHA policy to perform enrollment upon completion of the patient's appointment at the Uvalde CBOC.

- Require that the Contracting Officer and Facility Director ensure that there is sufficient time for acquisition planning and award, which allows time for proposal development, an evaluation of the adequacy of the proposal responses, and consideration of alternative options.
- Ensure that the Facility Director reviews the need for services and considers fee basis contracts with health care providers since there are so few patients enrolled for each location of the Uvalde CBOC.
- Require that the Facility Director ensures a complete contract file is maintained and available for proper oversight and enforcement of contract provisions.

VA North Texas HCS

- Develop a local policy for Short-Term Fee Basis consults at the VA North Texas HCS.
- Ensure providers at the Tyler CBOC document a justification for the use of Short-Term Fee Basis care in the medical record.
- Ensure that the ordering providers, or surrogate practitioners, at the Tyler CBOC document in the medical record that they reviewed the Short-Term Fee Basis report.
- Ensure that the patients at the Tyler CBOC receive written notification when a Short-Term Fee Basis consult is approved.
- Ensure that the ordering providers, or surrogate practitioners, at the Tyler CBOC communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering provider.
- Establish a process to ensure timely notification of mammography results to patients and monitor the process for ongoing compliance at the Tyler CBOC.
- Ensure that all patient care staff members' EKG competencies are validated and documented as required by local policy at the Tyler CBOC.
- Install signage to clearly identify the location of fire extinguishers at the Tyler CBOC.

New Mexico VA HCS

- Identify at least one accessible VA or community-based ED where veterans can receive emergent MH care when necessary at the Artesia CBOC.
- Ensure that a contract, sharing agreement, or other appropriate arrangement is developed with the identified external organization for sharing information when patients at the Alamogordo and Artesia CBOC are referred to a community-based ED for MH emergencies.
- Ensure that providers at the Artesia CBOC document a justification for the use of Short-Term Fee Basis care in the medical record.

- Ensure that Short-Term Fee Basis consults at the Artesia CBOC are approved no later than 10 days from the date the consult was initiated.
- Ensure that Short-Term Fee Basis consults at the Artesia CBOC are approved by appropriate leadership or a designee in accordance with VHA and local policy.
- Ensure that the copies of Short-Term Fee Basis reports for Artesia CBOC patients are filed or scanned into the medical record.
- Ensure that the ordering practitioners or surrogate practitioners at the Artesia CBOC communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering practitioner.
- Establish a process to ensure that patients at the Alamogordo and Artesia CBOCs with normal mammogram results are provided written notification of results within the allotted timeframe and that notification is documented in the medical record.
- Establish a process to ensure that all mammogram orders are entered into the radiology package and that all mammography results are linked to the appropriate order at the Alamogordo and Artesia CBOCs.
- Maintain adequate competency data in all providers' profiles and ensure that the Executive Committee of the Medical Staff meeting minutes reflect sufficient discussion of the competency data.
- Initiate FPPEs for all providers who have been newly hired or have requested new privileges at the Alamogordo CBOC.
- Define who is responsible for competency validation, what the process is for selection of qualified personnel to assess and validate competencies, and define actions taken when staff cannot demonstrate competency.
- Ensure that staff members are trained in the use of assistive devices at the Artesia CBOC.
- Secure the IT network equipment at the Artesia CBOC and implement appropriate measures in accordance with VA policy.
- Ensure that the PCMM Coordinator's duties are performed in accordance with the VHA policy to reduce the number of veterans assigned to more than one PCP.
- Ensure that the Facility Director follow-up with the Contracting Office regarding the status of an unprocessed letter of collection for the 4th Qtr, FY 2010 penalty.
- Ensure that the Contracting Office has a complete copy of all executed contracts.

Northern Arizona VA HCS

- Ensure the name of the approving official at the Bellemont and Kingman CBOCs for Short-Term Fee Basis consults is retrievable.

- Ensure that the ordering practitioners, or surrogate practitioners, at the Kingman CBOC communicate the Short-Term Fee Basis consult results to the patient within 14 days from the date made available to the ordering practitioner.
- Ensure that the providers at the Kingman CBOC have evidence of relevant training, experience, and current competency prior to approving clinical privileges.
- Ensure that aggregated data is collected and compared and utilized during the provider's re-appraisal process at the Bellemont and Kingman CBOCs.
- Ensure that service-specific clinical triggers are established to evaluate the professional competency of providers at the Bellemont and Kingman CBOCs as required by VHA policy.
- Ensure that handicap parking spaces at the Kingman CBOC meet the minimum size specification as required by the ADA.
- Ensure the seating in the waiting room at the Kingman CBOC is conducive to patient safety.
- Maintain patient privacy and protect PII at the Kingman CBOC.
- Ensure that hand hygiene data is collected monthly and reported for the Bellemont and Kingman CBOCs.
- Ensure that the PCMM Coordinator's duties are performed in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.

Comments

The VISN and facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–F, pages 22–43 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.



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Objectives and Scope

Objectives. The purposes of this review are to:

- Determine whether CBOCs comply with the standards according to VHA policy in the management of MH emergencies.¹
- Assess Short-Term Fee Basis authorization and follow up processes for outpatient radiology consults (CT, MRI, PET scan, and mammography) in an effort to ensure quality and timeliness of patient care in CBOCs.
- Determine whether CBOCs comply with selected VHA requirements regarding the provision of mammography services for women veterans.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA policy.²
- Determine whether CBOCs have well-developed competency assessment and validation programs in place for skill specific competencies.
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.³
- Determine whether the CBOC primary care and MH contracts were administered in accordance with contract terms and conditions.
- Determine whether primary care active panel management and reporting are in compliance with VHA policy.⁴

Scope. The topics discussed in this report include:

- MH Continuity of Care
- Short-Term Fee Basis Care
- Women's Health
- C&P
- Skills Competency
- Environment and Emergency Management

¹ VHA Handbook 1160.1, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

² VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

³ VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

⁴ VHA Handbook 1101.02, *Primary Care Management Module (PCMM)*, April 21, 2009.

- PCMM
- Contracts

For detailed information regarding the scope and methodology of the focused topic areas conducted during this inspection, please refer to Report No. 11-01406-177 *Informational Report Community Based Outpatient Clinics Cyclical Report FY 2011*, May 31, 2011. This report is available at <http://www.va.gov/oig/publications/reports-list.asp>.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of Inspectors General on Integrity and Efficiency.

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information. Table 2 displays the inspected CBOCs and specific characteristics.

	NCFC	Uvalde	Tyler	Alamogordo	Artesia	Bellemont	Kingman
VISN	17	17	17	18	18	18	18
Parent Facility	South TX Veterans HCS	South TX Veterans HCS	VA North TX HCS	New Mexico VA HCS	New Mexico VA HCS	Northern AZ VA HCS	Northern AZ VA HCS
Type of CBOC	VA	Contract	VA	Contract	VA	VA	VA
Number of Uniques,⁵ FY 2010	10,700	209	4,718	1,250	2,084	1,098	3,823
Number of Visits, FY 2010	44,143	658	23,726	2,404	12,747	3,586	18,270
CBOC Size⁶	Very Large	Small	Mid-size	Small	Mid-size	Small	Mid-size
Locality	Urban	Rural	Urban	Rural	Rural	Rural	Rural
FTE PCP	6.25	0.16	3.50	1	2	1	4
FTE MH	5	0	2	1	1.4	1	2
Types of Providers	PCP Psychiatrist Psychologist LCSW OB/GYN PharmD	PCP PA	PCP NP PA Psychologist	PCP NP LCSW	PCP Psychiatrist LCSW Psychiatry NP	PCP LCSW	PCP LCSW
Specialty Care Services Onsite	Yes	No	No	Yes	Yes	No	No
Tele-Health Services	Tele-Mental Health Tele-Retinal	None	Tele-Mental Health Tele-Retinal Tele-Move	Tele-Medicine Tele-Mental Health Tele-Retinal	Tele-Medicine Tele-Mental Health Tele-Retinal Tele-Nutrition Tele-Neurology	Tele-Mental Health	Tele-Mental Health
Ancillary Services Provided Onsite	Laboratory EKG Pharmacy Radiology	Laboratory	Laboratory EKG	Laboratory EKG	Laboratory EKG Bladder scans Holter monitor	Laboratory EKG	Laboratory EKG

Table 2. CBOC Characteristics

⁵ <http://vawww.pssg.med.va.gov/>

⁶ Based on the number of unique patients seen as defined by the VHA Handbook 1160.01, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

Results and Recommendations

MH Continuity of Care

According to VHA policy, healthcare facilities need to have professional oversight of the delivery of MH care in associated CBOCs.⁷ Also, there must be methods and procedures for ensuring communication between the leadership of MH services and the associated CBOCs. This requirement for oversight and communication is intended to ensure the ability of the CBOCs to respond to patients' MH needs.

Required MH services vary according CBOC size, which is determined by the number of unique veterans the CBOC serves annually. Very large and large CBOCs are required to provide general and specialty MH services when these are needed. Large CBOCs must provide a substantial component of the MH services required by their patients either onsite or by tele-mental health, but they may supplement these services by referrals to geographically accessible VA facilities, through sharing agreements, contracts, or fee basis mechanisms. Mid-sized CBOCs must provide general MH services, if needed by their patients, utilizing tele-mental health as necessary. Specialty services must be available to those who require them by using on-site services, sharing agreements, contracts, or referrals, as well as tele-mental health or fee basis. Smaller CBOCs are to provide access to the full range of general and specialty MH services to those who require them through on-site services, referrals, contracts, or fee basis, as well as tele-mental health.

General MH services include diagnostic and treatment planning evaluations for the full range of MH problems, treatment services using evidence-based pharmacotherapy or evidence-based psychotherapy, patient education, family education, referrals as needed to inpatient and residential care programs, and consultations about special emphasis problems. Specialty MH services include consultation and treatment services for the full range of MH conditions, which include evidence-based psychotherapy; MHICM; psychosocial rehabilitation services including family education, skills training, and peer support; compensated work therapy and supported employment; PTSD teams or specialists; MST special clinics; homeless programs; and specialty substance abuse treatment services. Table 3 displays the MH Characteristics for each CBOC reviewed.

⁷ VHA Handbook 1160.01.

Mental Health CBOC Characteristics							
	NCFC	Uvalde	Tyler	Alamogordo	Artesia	Bellemont	Kingman
Provides MH Services	Yes	No	Yes	Yes	Yes	Yes	Yes
Number of MH Uniques, FY 2010	1,753	0	805	5⁸	342	282	396
Number of MH Visits	6,161	0	5,448	5⁹	1,272	1,404	1,916
General MH Services	Dx & TX Plan MedMgt Psychotherapy PTSD MST	None	Dx & TX Plan MedMgt PTSD	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST	Dx & TX Plan MedMgt Psychotherapy PTSD MST
Specialty MH Services	Consult & TX Psychotherapy PTSD Teams	None	Consult & TX Psychotherapy	Consult & TX Psychotherapy PTSD Teams Substance Use Disorder	Consult & TX Psychotherapy PTSD Teams Substance Use Disorder	Consult & TX Psychotherapy MHICM Homeless	Consult & TX Psychotherapy MHICM Peer Support Homeless
Tele-Mental Health	Yes	No	Yes	Yes	Yes	Yes	Yes
MH Referrals	Another VA Facility	Another VA Facility	Another VA Facility Fee-Basis	Another VA Facility Fee-Basis	Another VA Facility Fee-Basis	Another VA Facility	Another VA Facility
Table 3. MH Characteristics for CBOCs							

⁸ The low numbers of MH uniques and visits are reflective of inaccurate coding of MH services. MH services are primarily provided by a LCSW. The LCSW's services were captured under case work codes.

⁹ Same as above.

Emergency Plan

Facilities must comply with VHA policy, which outlines specific requirements for MH care at CBOCs.¹⁰ All CBOCs and facilities without an ED or 24/7 urgent care must have predetermined plans for responding to MH emergencies during times of operation. Table 4 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
Artesia	The facility has identified in a pre-determined plan at least one accessible VA or community-based ED where veterans are directed to seek emergent care when necessary.
Artesia Alamogordo	The facility has developed contracts, sharing agreements, or other appropriate arrangements with the external organization for sharing information.
	The facility has developed financial arrangements for payment for authorized emergency services and necessary subsequent care.
	There is documentation in CPRS of the ED visit.
	There are recommendations documented for follow-up care in accordance with local policy.
	The recommendations were implemented and documented in the medical records in accordance with local policy.
Table 4. MH Continuity of Care	

VISN 18, New Mexico HCS– Alamogordo and Artesia

Emergency Plan. The Artesia CBOC had a plan in their local policy identifying how MH emergencies would be addressed during the hours of operations. However, the plan did not identify a VA or community-based ED where veterans are directed to seek care.

Sharing Agreement. Although the Artesia and Alamogordo CBOCs referred patients to community-based EDs for MH emergencies, we did not find documentation that managers had developed contracts, sharing agreements, or other appropriate arrangements with an external organization for sharing information.

Short-Term Fee Basis Care

The Fee Program assists veterans who cannot easily receive care at a VAMC. The program pays the medical care costs of eligible veterans who receive care from non-VA providers when the VAMCs are unable to provide specific treatments or provide treatment economically because of their geographical inaccessibility. Fee Basis care may include dental services; outpatient, inpatient, and emergency care; and medical transportation.

¹⁰ VHA Handbook 1160.01.

We evaluated if VA providers appropriately ordered and followed up on outpatient radiology procedures (CT, MRI, PET scan, and mammography). Table 5 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
Tyler	The facility has local policies and procedures regarding non-VA care and services purchased by authority that describe the request, approval, and authorization process for such services. ¹¹
NCFC CBOC Tyler Artesia	The provider documented a justification for using Fee Basis status in lieu of providing staff treatment as required by VHA policy. ¹²
Artesia	The date the consult was approved does not exceed 10 days from the date the consult was initiated.
NCFC CBOC Artesia Bellemont Kingman	The non-VA care referral requests for medical, dental, and ancillary services were approved by the Chief of Staff, Clinic Chief, Chief Medical Administration Services, or an authorized designee. ¹³
NCFC CBOC Tyler	Patients were notified of consult approvals in writing as required by VHA policy. ¹⁴
Artesia	A copy of the imaging report is in CPRS according to VHA policy. ¹⁵
NCFC CBOC Tyler	There is evidence the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results are available to the ordering practitioner.
NCFC CBOC Tyler Artesia Kingman	There is evidence the ordering provider or other licensed healthcare staff member informed the patient about the report within 14 days from the date on which the results are available to the ordering practitioner. ¹⁶
Table 5. Short-Term Fee Basis	

VISN 17, South Texas Veterans HCS – NCFC CBOC and Uvalde

There were 11 patients who received services through a Short-Term Fee Basis consult at the NCFC CBOC. No patients at the Uvalde CBOC met the criteria for this review.

Fee Basis Justification. We found that the ordering providers did not document a justification in the medical record for 4 of 11 consult requests.

¹¹ VHA Handbook 1160.01.

¹¹ VHA Chief Business Office Policy 1601F, Fee Services, <http://vaww1.va.gov/cbo/apps/policyguides/index.asp>

¹¹ VHA Handbook 1907.01, *Health Information Management and Health Records*, August 25, 2006.

¹¹ VHA Manual M-1, PART I, Chapter 18, “Outpatient Care – Fee,” July 20, 1995.

¹² VHA Handbook 1907.01.

¹³ VHA Chief Business Office Policy 1601F.

¹⁴ VHA Manual M-1, PART I, Chapter 18.

¹⁵ VHA Handbook 1907.01.

¹⁶ VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.

Consult Approval Process. We found that 10 of 11 consults were not approved in accordance with VHA and local policy. VA policy requires non-VA care referral requests for medical, dental, and ancillary services are approved by the Chief of Staff, Clinic Chief, Chief Medical Administration Services, or an authorized in writing designee.¹⁷

Patient Consult Notification. We found that 10 of 11 patients did not receive written notification of the consult approval.

Report Review. We found no evidence in 4 of 11 medical records that the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available.

Communication of Results. We found no evidence in 8 of 11 medical records that patients were informed about the results within 14 days from the date on which the results were available.

VISN 17, VA North Texas HCS – Tyler

There were 23 patients who received services through a Short-Term Fee Basis consult at the Tyler CBOC.

Policy. The VA North Texas HCS did not have a local policy for Short-Term Fee Basis consults.

Fee Basis Justification. We did not find that the ordering providers documented a justification in the medical record for any of the 23 consult requests.

Patient Consult Notifications. We found that 22 of 23 patients did not receive written notification of the consult approval.

Report Review. We found no evidence in 9 of 23 medical records that the ordering provider or surrogate practitioner reviewed the report within 14 days from the date on which the results were available.

Communication of Results. We found no evidence in 12 of 23 medical records that patients were informed about the results within 14 days from the date on which the results were available.

VISN 18, New Mexico HCS–Alamogordo and Artesia

There were seven patients who received services through a Short-Term Fee Basis consult at the Artesia CBOC. No patients at the Alamogordo CBOC met the criteria for this review.

¹⁷ VHA Chief Business Office Policy 1601F.

Fee Basis Justification. We did not find that the ordering providers documented a justification in the medical record for four of seven consult requests.

Consult Approval Date. We found that two of seven consults exceeded 10 days from the date the consult was initiated to the date the consult was approved.

Consult Approval Process. We found that four of seven consults were not approved in accordance with VHA and local policy.

Medical Record. We did not find a copy of the Short-Term Fee Basis imaging report in three of seven medical records.

Communication of Results. We found no evidence in four of seven medical records that patients were informed about the results within 14 days from the date on which the results were available.

VISN 18, Northern Arizona HCS – Bellemont and Kingman

There were 29 patients who received services through a Short-Term Fee Basis consult at the Kingman CBOC and 19 patients at the Bellemont CBOC.

Consult Approval Process. Northern Arizona VA HCS senior managers made a conscious decision not to require the documentation of the name of the approving official in CPRS. The fee clerks were instructed to indicate Northern Arizona VA HCS as the approving official. Hardcopies of the reviewed consults by the authorized officials were not kept as reference files; therefore, no documentation could be produced indicating the name of the approving official.

Communication of Results. We found no evidence in 6 of 29 medical records that patients at the Kingman CBOC were informed about the results within 14 days from the date on which the results were available.

Women's Health Review

Each VHA facility must ensure that eligible women veterans have access to comprehensive medical care, including care for gender-specific conditions and MH conditions, that is comparable to care provided for male veterans.¹⁸ All eligible and enrolled women veterans, irrespective of where they obtain care in VHA, must have access to all necessary services as clinically indicated.

¹⁸ VHA Handbook 1330.01, *Healthcare Services for Women Veterans*, May 21, 2010.

Quality of Care Measures¹⁹

Breast cancer is the second most common type of cancer among American women, with approximately 207,000 new cases reported each year.²⁰ Timely screening, diagnosis, notification, interdisciplinary treatment planning, and treatment are essential to early detection, appropriate management, and optimal patient outcomes. Screening by mammography (an x-ray of the breast) has been shown to reduce mortality by 20–30 percent among women age 40 and older.

VHA has established gender-specific performance measures in the facility and CBOCs. Breast cancer screening for women ages 50–69 is an ongoing CBOC preventive care performance measure. Table 6 shows a comparative of the parent facilities' and the respective CBOCs' scores.

Measure	Meets Target	Facility	Qtr 1 Numerator	Qtr 1 Denominator	Qtr 1 (%)
Mammography, 50-69 years old	77%	671 South Texas Veterans HCS	22	32	77
		671GO NCFC CBOC	29	30	97
		671GJ Uvalde CBOC	1	1	100
		549 VA North Texas HCS	31	34	86
		549GA Tyler CBOC	15	18	83
		501 New Mexico VA HCS	44	50	98
		501GI Alamogordo CBOC	8	10	80
		501GA Artesia CBOC	13	15	87
		649 Northern Arizona VA HCS	30	40	79
		649GB Bellemont CBOC	16	19	84
		649GA Kingman CBOC	24	29	83

Table 6. Mammography Screening FY 2011

Mammography Management

All enrolled women veterans need to receive comprehensive primary care from a designated women's health PCP who is interested and proficient in the delivery of comprehensive primary care to women, irrespective of where they are seen.

VHA policy maintains that the full scope of primary care is provided to all eligible veterans seeking ongoing health care.²¹ Therefore, regardless of the number of women veterans utilizing a particular facility, all sites that offer primary care services must offer

¹⁹ Parent facility scores were obtained from <http://vaww.pdw.med.va.gov/MeasureMaster/MMReport.asp> Note: Scores are weighted. The purpose of weighting is to correct for the over-representation of cases from small sites and the under-representation of cases from large sites. Weighting can alter the raw measure score (numerator/denominator). Sometimes the adjustment can be quite significant.

²⁰ American Cancer Society, Cancer Facts & Figures 2009.

²¹ VHA Handbook 1330.01.

comprehensive primary care to women veterans and all necessary gender specific services must be available at every facility and CBOC. Table 7 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	Patients are referred to mammography facilities that have current Food and Drug Administration or State-approved certifications.
	Mammogram results are documented using the American College of Radiology's BI-RADS code categories. ²²
	The ordering VHA provider or surrogate was notified of abnormal or critical results within a defined timeframe.
	Patients with abnormal or critical results are notified within a defined timeframe.
Tyler Alamogordo Artesia	Patients receive written notice of normal mammogram results, and the notifications are documented in the patients' medical record as required by VHA policy. ²³
	The facility has an established process for tracking results from mammograms performed off-site.
	Fee Basis mammography reports are scanned into CPRS.
Alamogordo Artesia	All screening and diagnostic mammograms were initiated via an order placed into the Veterans Health Information Systems and Technology Architecture Radiology package. ²⁴
	Each CBOC has an appointed Women's Health Liaison.
	There is evidence that the Women's Health Liaison collaborates with the parent facility's Women Veterans Program Manager on women's health issues.
Table 7. Mammography	

VISN 17, VA North Texas HCS – Tyler

Patient Notification of Mammography Results. We reviewed medical records of patients who had normal mammography results and determined that four of five patients were not notified within required timeframe. VHA policy requires²⁵ that there is documented evidence that the patient was provided a lay summary of the written mammography report within 30 days from the date of the procedure.

²² The American College of Radiology's Breast Imaging Reporting and Database System is a quality assurance guide designated to standardize breast imaging reporting and facilitate outcomes monitoring.

²³ VHA Handbook 1330.01.

²⁴ VHA Handbook 1330.01.

²⁵ VHA Handbook 1330.01.

VISN 18, New Mexico HCS – Alamogordo and Artesia

Results Reporting. We reviewed three medical records of patients at the Artesia CBOC who had mammograms with normal results, and we did not find documented evidence that one patient received written notification of the results within the required timeframe.

Mammography Orders and Access. Artesia and Alamogordo CBOC providers did not consistently enter CPRS mammogram radiology orders for fee base mammograms performed after June 1, 2010. Fee basis or contract agreements must be electronically entered as a CPRS radiology order. All breast imaging and mammography results must be linked to the appropriate radiology mammogram or breast study order.

C&P

We reviewed C&P folders to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.²⁶ We reviewed nurse personnel files to ensure licensure and education were verified. Table 8 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	There was evidence of primary source verification for each provider's license.
	Each provider's license was unrestricted.
	There were two efforts made to obtain verification of clinical privileges (currently or most recently held at other institutions) for new providers.
	FPPEs for new providers outlined the criteria to be monitored.
Alamogordo	New providers' FPPEs were implemented on first clinical start day.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	Service Chief, Credentialing Board, and/or Medical Staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
Kingman	Privileges granted to providers are facility, service, and provider specific. ²⁷
	The determination to continue current privileges are based in part on results of OPPE activities.

²⁶ VHA Handbook 1100.19.

²⁷ VHA Handbook 1100.19.

Noncompliant	Areas Reviewed (continued)
Alamogordo Bellemont Kingman	The OPPE and reappraisal process included consideration of such factors as clinical pertinence reviews and/or performance measure compliance.
Bellemont Kingman	Relevant provider-specific data was compared to aggregated data of other providers holding the same or comparable privileges.
	Scopes of practice are service and provider specific.
	There is documentation that the nurses' licenses were verified.
	There is evidence that the nurses' education was verified.
Table 8. C&P	

VISN 18, New Mexico HCS – Alamogordo

OPPE. At the Alamogordo CBOC, three of the four contract licensed independent practitioner profiles did not include evidence of the data considered for repriviling, such as clinical pertinence reviews and/or performance measure compliance. Also, the Executive Committee of the Medical Staff meeting minutes did not reflect adequate discussion of all of the practitioner data prior to repriviling.

FPPE. A contract physician that was hired for a temporary position at the Alamogordo CBOC did not have a FPPE initiated. VHA policy²⁸ requires that a FPPE be initiated for all licensed independent practitioners who have been newly hired or have requested new privileges regardless of the length of appointment.

VISN 18, Northern Arizona VA HCS – Bellemont and Kingman

Clinical Procedure Privileges. The Professional Standards Board granted a Kingman CBOC provider the clinical privilege to perform skin biopsies. We found no evidence that relevant training, experience, and competency had been considered by the Professional Standard Board prior to approving this clinical privilege.

Aggregated Data. The OPPEs for providers at the Bellemont and Kingman CBOCs did not include aggregated and comparison data; although, the providers had comparable privileges.

Clinical Triggers. The facility had outlined OPPE topics in their local policy to be considered during the providers' privileging cycles. However, the policy did not specify the clinical service-specific triggers for Bellemont and Kingman CBOC providers. The clinical triggers afford a systematic and uniform process to evaluate a provider's competency and advise when to initiate a FPPE to ensure patient safety.

²⁸ VHA Handbook 1100.19.

Skills Competency

The Joint Commission requires that organizations define and verify staff qualifications and ensure that staff are competent to perform their responsibilities. Table 9 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a policy that defines the competencies of the staff that provide patient care, treatment, or services at the CBOC.
Artesia	The policy defines who is responsible for competency validation and what the process is for selection of qualified personnel to assess and validate competence.
Artesia	The CBOC has a policy or process describing actions taken when staff cannot demonstrate competency.
	The facility has identified skill competencies for the CBOC.
	Staff competency was initially assessed and documented as a part of the CBOC orientation.
Tyler	Patient care staff identified skill competencies were validated and documented.
Table 9. Skills Competency	

VISN 17, VA North Texas HCS – Tyler

EKG Competency. We found that two staff members did not have a current assessment of their EKG competency. This skill was identified by the facility as a core competency. The facility's local policy requires annual competency assessments and verification to ensure that staff members are able to perform their responsibilities.

VISN 18, New Mexico HCS– Artesia

Policy. Managers did not have a policy or SOP that defined who was responsible for competency validation or a process for the selection of qualified personnel, who assessed and validated competencies. In addition, managers did not have a policy or process describing actions taken when staff members fail to demonstrate competency.

Assistive Devices. Providers ordered crutches and canes for patients at the Artesia CBOC. However; staff members were not trained to provide instruction to patients on the use of assistive devices. The Joint Commission requires that staff members are competent to perform their responsibilities.²⁹

²⁹ The JC Standard HR.01.06.01

Environment and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. Table 10 shows the areas reviewed for this topic. The facilities identified as noncompliant needed improvement. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
Kingman	There is handicap parking, which meets the ADA requirements.
	The CBOC entrance ramps meet ADA requirements.
	The entrance door to the CBOC meets ADA requirements.
	The CBOC is well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC is clean (walls, floors, and equipment are clean).
Kingman	The patient care area is safe.
	Medical equipment is checked routinely (biomedicine tags when applicable).
	There is an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
Kingman	Privacy is maintained.
NCFC CBOC Artesia	IT security rules are adhered to.
Kingman	Patients' PII is secured and protected.
	There is alcohol hand wash or a soap dispenser and sink available in each examination room.
	The sharps containers are less than $\frac{3}{4}$ full.
	There is evidence of fire drills occurring at least annually.
Tyler	Fire extinguishers are easily identifiable.
Bellemont Kingman	The CBOC collects, monitors, and analyzes hand hygiene data.
	Staff use two patient identifiers for blood drawing procedures.
	The CBOC is included in facility-wide EOC activities.
Table 10. EOC	

VISN 17, South Texas Veterans HCS – NCFC CBOC

IT Security. The NCFC CBOC had two secured rooms that contained IT equipment. We did not find a sign-in/out log in one of the rooms. VA policy requires that access to areas that contain equipment or information critical to IT infrastructure be limited to authorized personnel and that entrances to these areas will have a sign-in/out log for tracking individuals who enter.

VISN 17, VA North Texas HCS – Tyler

Life Safety. The Tyler CBOC had no signage identifying the location of fire extinguishers. The National Fire Protection Association Life Safety Code 170 requires that fire extinguishers be identified.

VISN 18, New Mexico HCS – Artesia

IT Security. The IT network equipment at the Artesia CBOC was located in an open administrative work area, without controlled access and no means to maintain an access log. According to VA policy, this location should be secured with controlled access.³⁰ Lack of oversight for IT space access and sharing of allocated IT space is a security vulnerability.

VISN 18, Northern Arizona VA HCS – Bellemont and Kingman

Handicap Parking. We found that the four handicap parking spaces at the Kingman CBOC were not a minimum of 96 inches wide as required by the ADA. The width of the existing handicap parking spaces make it difficult for persons with assistance devices such as wheelchairs and walkers to maneuver in and out of their vehicles.

Patient Safety. There were chairs in the Kingman CBOC waiting area which were light-weight and moved unpredictably when patients rose to a standing position. This condition creates a fall's risk. We witnessed a patient, who used a walker, encounter difficulty rising from his chair. The chair slid backwards when the patient attempted to stand. Subsequently, the patient lost his balance, and a family member had to assist the patient from falling.

Patient Privacy. We found unsecured specimens in the laboratory area. The laboratory was stationed in an unsecured open area between two hallways. We also found patient encounter forms (in manila folders) containing PII placed in bins outside of the examination rooms. We observed patients and visitors walk through patient care areas unescorted. Therefore, staff could not be assured that patients and visitors could not access the patients' PII.

Auditory privacy was inadequate for patients during the check-in process at the Kingman CBOC. Patients communicate with staff through a window located in the waiting area. The check-in station permitted two clerks to simultaneously assist patients. Patients are asked to provide, at a minimum, their name, date of birth, and last four of their social security number. We found an 8x10 sign instructing patients and visitors to protect patient privacy posted between check-in windows. However, staff did not ensure that a zone of privacy was maintained. Communication between the patients and clerks could be easily heard by other patients and visitors.

³⁰VHA Handbook 1160.01.

Hand Hygiene. We found that hand hygiene data was collected and reported only once a year for both CBOCs. Each CBOC had an assigned month to collect and report their hand hygiene data. Hand hygiene compliance should be monitored on an ongoing basis to ensure Centers for Disease Control and Prevention guidelines are followed.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical emergencies, including MH, are handled.³¹ Table 11 shows the areas reviewed for this topic.

Noncompliant	Areas Reviewed
	There is a local medical emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the medical emergency plan.
	The CBOC clinical staff are trained in cardiopulmonary resuscitation with the use of an automated external defibrillator.
	The CBOC has an automated external defibrillator onsite for cardiac emergencies.
	There is a local MH emergency management plan for this CBOC.
	The staff can articulate the procedural steps of the MH emergency plan.
Table 11. Emergency Management	

All CBOCs were compliant with the topic areas; therefore, we made no recommendations.

PCMM

We conducted reviews of the PCMM administration to assess VHA's management of the primary care panels. VHA policy states that the PCMM Coordinator is responsible for ensuring that the information in the PCMM database is accurate and current.³²

Table 12 shows the areas reviewed for this topic. The CBOCs identified as noncompliant needed improvement. Details regarding the finding follow the table.

Noncompliant	Areas Reviewed
Uvalde	A system is in place to ensure patients are not assigned to a panel prior to being seen for their first appointment.
Alamogordo Kingman	The facility assigns a new patient to a panel after it has been confirmed that the patient is not assigned to a provider at another facility.

³¹ VHA Handbook 1006.1.

³² VHA Handbook 1101.02, *Primary Care Management Module*, April 21, 2009.

Noncompliant	Areas Reviewed (continued)
	Patients are identified for removal from the PCMM panel on a monthly basis (at a minimum).
	Panel sizes are reasonable compared to the PCMM guide of 1200 patients for a full-time PCP.
	PCPs have been kept current in PCMM.
	The number of patients invoiced is comparable to the total number of patients assigned to the PCP panels.
Table 12. PCMM	

VISN 17, South Texas Veterans HCS – Uvalde

Panel Assignment Prior to First Appointment. Enrollment procedures in PCMM at the Uvalde CBOC are not performed in accordance with the VHA policy. Enrollment should be performed when the patient has completed his first appointment, not when the patient has a scheduled appointment.

VISN 18, New Mexico VA HCS – Alamogordo

No Panel Assignment Prior to Confirmation of Other Panel Assignment. The New Mexico VA HCS had approximately 39,900 active patients, with 1,074 being assigned to the Alamogordo CBOC. There were 90 patients (8 percent) assigned to an Alamogordo PCP in PCMM that were also assigned to an additional PCP at other facilities without dual assignment approval. Patients with two or more PCPs assigned inflate primary care panel sizes and could lead to increased medical care costs for contracted care.

VISN 18, Northern Arizona VA HCS – Kingman

Confirmation of Panel Assignment. The Northern Arizona VA HCS had approximately 20,345 active patients, with approximately 2,160 being assigned to the Kingman CBOC. There were approximately 180 patients (8 percent) assigned to a Kingman PCP in PCMM that were also assigned to an additional PCP at other facilities without dual assignment approval. Patients with two or more PCPs assigned inflate primary care panel sizes.

CBOC Contract

We conducted reviews of contracted primary care at the Uvalde and Alamogordo CBOCs to evaluate the effectiveness of VHA oversight and administration for selected contract provisions relating to quality of care and payment of services. MH services are provided by the VA at the Alamogordo CBOC and are not provided at the Uvalde CBOC. Each CBOC engagement included: (1) a review of the contract, (2) analysis of patient care encounter data, (3) corroboration of information with VHA data sources, (4) site visits, and (5) interviews with VHA and contractor staff. Our review focused on documents and records for the 1st Qtr, FY 2011.

Table 13 summarizes the areas we reviewed and identifies the CBOCs that were not compliant in those areas. Details regarding the findings follow the table.

Noncompliant	Areas Reviewed
	(1) Contract provisions relating to payment and quality of care:
	a. Requirements for payment.
	b. Rate and frequency of payment.
	c. Invoice format.
Alamogordo	d. Performance measures (including incentives/penalties).
	e. Billing the patient or any other third party.
Uvalde Alamogordo	(2) Technical review of contract modifications and extensions.
	(3) Invoice validation process.
	(4) The COTR designation and training.
	(5) Contractor oversight provided by the COTR.
	(6) Timely access to care.
Table 13. Review of PC and MH Contract Compliance	

VISN 17, South Texas Veterans HCS – Uvalde

Technical Review. Two months between the RFP and the contract start date was insufficient time for proposal development, submission, selection, and fulfill start-up requirements by bidders. The solicitation was issued on December 1, 2008, with a due date of December 30, 2008. The contract was awarded on January 20, 2009, with an effective date of February 1, 2009. However, the solicitation issue date stated on the RFP of December 1, 2008, conflicts with the Price Negotiation Memorandum, which states that the RFP was issued on FedBizOps³³ on January 5, 2008, with a due date of December 30, 2008.

The solicitation, price negotiation memorandum, and contract award were for health care services to be provided in six locations when only three locations are being served. The solicitation allowed offerors to submit an offer for one or more locations; however, the contractor submitted a proposal with pricing for all locations. The contractor's technical proposal demonstrated the ability to provide subcontracted health care services at only one of the six locations at the time of contract award. As such, the contractor should have been determined to be non-responsive to the solicitation or only awarded a contract for the one location. Although the award was for all six locations, the contractor experienced problems locating providers and ultimately provided services at only three locations. One rural clinic was merged with another clinic and two clinics closed within 9 months of their opening dates. The contract was never modified to reflect the reduction of delivered services.

³³ **FedBizOps** is an official United States government website which advertises business opportunities created by the 2009 stimulus package.

The contracting entity was aware before the solicitation that there was little interest in the procurement because of the low number of patients distributed among six locations. The number of veterans anticipated at each site was very low in comparison to other CBOCs, which made the costs of complying with the terms and conditions of a CBOC contract financially unfeasible. In fact, the prior contractor did not submit a proposal for this very reason. The facility should have considered alternative options such as fee basis or fee basis agreements/contracts with individual providers. Fee basis agreements/contracts with providers can ensure access and quality of care without all of the conditions required by a CBOC contract.

The Contractor's proposal stated they would not comply with four requirements in the RFP. Since this proposal was the only proposal received, it should have been rejected as non-responsive and the solicitation reissued for competition with or without the requirements. This did not occur; and, because the proposal was incorporated into the awarded contract, the Contractor is not required to comply with those requirements.

The awarded contract provided to us during our review and accessible on Electronic Contract Management System was a 48-page document that did not include mandatory FAR and Veterans Affairs Acquisition Regulation clauses and other key provisions, such as: services to be provided, the enrollment/disenrollment of veterans, vesting Current Procedural Terminology codes, performance measures, commercial items, malpractice insurance, exercising option years, and other required FAR and Veterans Affairs Acquisition Regulation clauses. The contract includes unnecessary documents such as letters of reference, past performance representations, the Contractor's Mission Statement and Executive Summary, and the position description for the Director. In contrast, the solicitation was 138 pages and included mandated commercial items and other FAR clauses. Absent these relevant clauses, terms, and conditions, VA cannot properly monitor how the contractor provides services. More importantly, because the key portions of the solicitation were not incorporated in the awarded contract, the Contractor is not required to comply with key terms and conditions and VA has no ability to hold the Contractor accountable. The facility indicated that this 48-page version was the complete contract when was discussed during the exit briefing on June 23, 2011. The facility acknowledged the deficiencies but represented that the contractor was complying with the terms and conditions in the solicitation.

After we issued the draft report for comments, the medical facility provided us with a document that was purported to be the official contract that included the terms, conditions, and clauses in the solicitation. We found that the documents in Electronic Contract Management System had been modified on August 15, 2011. We have no evidence that the contract that was signed and provided to the vendor was the same.

VISN 18, New Mexico VA HCS – Alamogordo

Performance Measures. Performance measures are being monitored and penalties have been assessed when the contractor does not meet agreed upon performance measures. Although penalties of \$16,198.60 for the 4th Qtr, FY 2010 were assessed by the COTR, the contracting officer never processed the request for payment.

Technical Review. Facility staff could not produce a complete copy of the contract and all associated modifications during our site visit. We had to obtain a copy of the complete contract from the contractor for review. Subsequent to our site visit, facility staff located a hard copy of the complete contract.

VISN 17 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 24, 2011

From: Director, VISN 17 (10N17)

Subject: **CBOC Reviews: North Central Federal Clinic and Uvalde, TX; and Tyler, TX**

To: Director, 54F Healthcare Inspections Division (54F)
Director, Management Review Service (VHA 10A4A4)

1. Thank you for allowing me to respond to this Community Based Outpatient Clinic (CBOC) Review of North Central Federal Clinic, Uvalde, TX and Tyler, TX facilities.
2. I concur with the recommendations and have ensured that action plans with target dates for completion were developed.
3. If you have further questions regarding this CBOC review, please contact Judy Finley, Quality Management Officer at 817-385-3761 or Denise B. Elliott, VISN 17 HSS at 817-385-3734.

(original signed by:)

Lawrence A. Biro
Network Director

South Texas Veterans HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 23, 2011

From: Director, South Texas Veterans HCS (671/00)

Subject: **CBOC Review: North Central Federal Clinic and Uvalde, TX**

To: Director, VISN 17 (10N17)

1. Attached please find the OIG Community Based Outpatient Clinic Review draft response from the South Texas Veterans Health Care System.
2. We would like to extend our appreciation to the entire OIG CBOC Review Team that conducted our review. The team, led by Cheryl Walker, was consultative and professional and provided excellent feedback to our staff.
3. If you have any questions, please contact Amjed Baghdadi, Chief Quality Management Officer at 210-617-5205.

(original signed by:)

Marie L. Weldon, FACHE

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that providers at the NCFC CBOC document a justification in the medical record for the use of Short-Term Fee Basis care.

Concur

Target date for completion: **Completed**

Utilization of the National Fee Basis consult template was implemented by the STVHCS upon VHA release of the template to be used for all Short-Term Fee Basis consults. The template has a required field that must be completed by the requesting provider indicating the justification for the consult. All Fee Basis consults are reviewed by the Chief of Staff/Deputy Chief of Staff. Consults reviewed by the authorizing agent without adequate justification are returned to the requesting provider for additional information. The consult is available for review in the medical record. An electronic memorandum from the Deputy Chief of Staff was distributed on August 11, 2011 to all Associate Chiefs of Staff, Medical Staff Service Chiefs, and Primary Care Clinic Chief Medical Officers reinforcing this requirement. Recommend closure

Recommendation 2. We recommended that authorized personnel approve Short-Term Fee Basis care requests for the NCFC CBOC according to VHA and local policy.

Concur

Target date for completion: **Completed**

The Short-Term Fee process has been corrected as of August 2010. The last case reviewed by the OIG surveyors was for July 2010; therefore, this process could not be evaluated during this survey. Consults for fee services are submitted from the requesting service through CPRS and are reviewed by the Chief of Staff/Deputy Chief of Staff or authorized delegate and approved consistent with VHA and local policy. Recommend closure.

Recommendation 3. We recommended that veterans at the NCFC CBOC receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record.

Concur

Target date for completion: **Completed**

The Short-Term Fee process has been corrected as of August 2010. The last case reviewed by the OIG surveyors was for July 2010; therefore, this process could not be evaluated during this survey. Consults for fee services are submitted from the requesting service through CPRS and are reviewed by the Chief of Staff/Deputy Chief of Staff or authorized delegate. Once approved, the request is forwarded to Fee service and an authorization letter is generated and mailed to the patient. Once an authorization is approved and mailed, a comment is added by Fee Service in the CPRS record stating that the Fee Authorization has been mailed to the Veteran. Recommend closure.

Recommendation 4. We recommended that ordering practitioners, or surrogate practitioners, at the NCFC CBOC review Short-Term Fee Basis reports within 14 days from the date on which the results are available.

Concur

Target date for completion: December 2011

STVHCS chartered a Systems Redesign team in July 2010 to review the Short Term-Fee Basis process. The team is reviewing the entire fee basis consult process, including timely review of report by practitioners and communication of results to patients within the 14 day timeframe. The team is carefully reviewing the multiple facets of the process to ensure a comprehensive approach. A draft process has been developed and the team expects completion of the project by December 2011.

Recommendation 5. We recommended that ordering practitioners, or surrogate practitioners, at the NCFC CBOC communicate Short-Term Fee Basis results to patients within 14 days from the date on which the results are made available.

Concur

Target date for completion: December 2011

STVHCS chartered a Systems Redesign team in July 2010 to review the Short Term-Fee Basis process. The team is reviewing the entire fee basis consult process, including timely review of report by practitioners and communication of results to patients within the 14 day timeframe. The team is carefully reviewing the multiple facets of the process to ensure a comprehensive approach. A draft process has been developed and the team expects completion of the project by December 2011.

Recommendation 6. We recommended that the NCFC CBOC maintains a sign-in/out log in all rooms containing IT equipment.

Concur

Target date for completion: **Completed**

A sign-in/out log was placed in the IT equipment room on June 23, 2011. NCFC CBOC leadership is actively ensuring that access to the two rooms containing IT equipment is only granted to authorized staff and that staff are signing in and out on the posted logs without exception. Recommend closure

Recommendation 7. We recommended that the PCMM Coordinator at the Uvalde CBOC performs in accordance with the VHA policy to perform enrollment upon completion of the patient's appointment.

Concur

Target date for completion: September 6, 2011

The Uvalde CBOC and all contracted STVHCS CBOC's will perform enrollment upon completion of the patient's appointment, in accordance with the PCMM VHA policy of enrollment performance. CBOC leadership is establishing a process that will ensure that the PCCM VHA policy of enrollment will be fully compliant by September 6, 2011 in all of the contracted CBOC's.

Recommendation 8. We recommended that the Contracting Officer and Facility Director ensure that there is sufficient time for acquisition planning and award, which allows time for proposal development, an evaluation of the adequacy of the proposal responses, and consideration of alternative options.

Concur

Target date for completion: December 16, 2011

Regarding the Uvalde CBOC contract, the Contract Specialist will coordinate an initial Integrated Product Team (IPT) meeting within 10 business days for the reprourement. The meeting will be to develop the acquisition plan and milestones in accordance with VHA SOP 160-10-01. The acquisition plan will address the findings regarding insufficient time for the acquisition process and how these findings will be mitigated in the acquisition process.

To address future contracting activities, the Contracting Officer will establish a process that ensures that there will be sufficient time for acquisition planning and award, which will allow time for proposal development, evaluation of the adequacy of the proposal responses, and considerations of alternative options.

Recommendation 9. We recommended that the Facility Director reviews the need for services and considers fee basis contracts with health care providers since there are so few patients enrolled for each location of the Uvalde CBOC.

Concur

Target date for completion: **Completed**

STVHCS concurs with the recommendation that consideration be given to contracting with individual providers. This was in fact accomplished. The contract solicitation in question had provisions permitting individual providers to bid on individual line items (locations). Page 10, paragraph 2 of the solicitation stated “The government intends to make a single contract award if possible, however, due to the large geographic area of coverage, offerors may submit proposals for one or more contract line items”. No bids were received for single contract line item.

STVHCS also concurs with the recommendation that consideration be given to fee-basis care. STVHCS has carefully considered fee-basis care as an alternative and determined that primary care services are best delivered in rural areas such as Uvalde through a contract, which represents the most cost effective means of service delivery and also ensures VA’s standard of care is adequately prescribed, measured and enforced. This is evidenced by the ongoing performance of the current Uvalde subcontractor on applicable national, VISN and local performance measures at a level consistent with that achieved at VA staff clinics within the STVHCS. Recommend closure.

Recommendation 45. We recommended that the Facility Director ensures a complete contract file is maintained and available for proper oversight and enforcement of contract provisions.

Concur

Target date for completion: Completed

At the time of the Uvalde contract, the Electronic Contract Management System (eCMS) had been recently instituted and was not fully or properly used during the development of this contract action. This caused confusion with the contract documents, as there are differences between the electronic document file in eCMS briefcase and the paper file. Contracting has reorganized the contract file to reflect the appropriate contract document in both eCMS and the paper file to eliminate confusion in the future.

Contract Specialists will demonstrate the distribution of contracts and subsequent modifications to the COTR and necessary parties through written correspondence and ensure that documentation is accurately reflected in eCMS. Since the initial implementation of eCMS, Contract Specialists have been trained in proper usage of eCMS. Recommend closure.

VA North Texas HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 4, 2011

From: Mr. Mark Daskocil, FACHE

Acting Director, VA North Texas HCS (549/00)

Subject: **CBOC Review: Tyler, TX**

To: Mr. Lawrence Biro

Director, VISN 17 (10N17)

I concur with the report and action plans have been developed. Please note that VA North Texas HCS, Tyler CBOC is VISN 17.

Should you require any additional information please contact Patricia Bowling, Chief, Clinical Quality Management at 214-857-2327.

(original signed by:)

Mr. Mark Daskocil, FACHE

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 10. We recommended that a local policy for Short-Term Fee Basis consults be developed.

Concur

Target date for completion: October 3, 2011

A local policy for Short-Term Fee Basis consults will be developed and approved by October 3, 2011.

Recommendation 11. We recommended that the providers at the Tyler CBOC document a justification for the use of Short-Term Fee Basis care in the medical record.

Concur

Target date for completion: October 3, 2011

Providers will document a justification for the use of Short-Term Fee Basis care in the medical record, based on the new local policy, by October 3, 2011.

Recommendation 12. We recommended that the patients at the Tyler CBOC receive written notification when a Short-Term Fee Basis consult is approved and that the notification is documented in the medical record.

Concur

Target date for completion: October 10, 2011

Each patient will receive notification of the approval of a Short-Term Fee Basis consult and the notification will be documented in the medical record starting October 10, 2011.

Recommendation 13. We recommended that the ordering providers, or surrogate practitioners, at the Tyler CBOC document in the medical record that they reviewed the Short-Term Fee Basis report.

Concur

Target date for completion: October 3, 2011

Ordering providers, at the Tyler CBOC, will document in the medical record their review of Short-Term Fee Basis reports, by October 3, 2011.

Recommendation 14. We recommended that the ordering providers, or surrogate practitioners, at the Tyler CBOC communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering provider.

Concur

Target date for completion: October 3, 2011

Ordering providers, at Tyler CBOC, will communicate Short-Term Fee Basis results to the patient within 14 days from the date the results are made available to the ordering provider, by October 3, 2011.

Recommendation 15. We recommended that managers at the Tyler CBOC establish a process to ensure timely notification of normal mammography results to patients and that this process be monitored for ongoing compliance.

Concur

Target date for completion: October 3, 2011

Currently, Veterans receive a written notification regarding their results of mammograms from the facility which does the mammogram.

A process will be developed to ensure timely notification of normal mammography results to patients and will be monitored for ongoing compliance by October 3, 2011.

Recommendation 16. We recommended that managers at the Tyler CBOC ensure that all patient care staff members' EKG competencies are validated and documented as required by local policy.

Concur

Target date for completion: October 3, 2011

All patient care staff members will have EKG competencies validated and documented by October 3, 2011.

Recommendation 17. We recommended that signage be installed to clearly identify the location of fire extinguishers at the Tyler CBOC.

Concur

Target date for completion: September 1, 2011

Signage will be installed to clearly identify the location of the fire extinguishers at Tyler CBOC by September 1, 2011.

VISN 18 Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: September 2, 2011

From: Director, VISN 18 (10N18)

Subject: **CBOC Reviews: Alamogordo and Artesia, NM; and
Bellemont and Kingman, AZ**

To: Director, 54F Healthcare Inspections Division (54F)
Director, Management Review Service (VHA 10A4A4)

1. Attached is the response provided by the New Mexico VA Health Care System and VISN 18 Contracting in response to the OIG Healthcare Inspection CBOC Review conducted in Alamogordo and Artesia, New Mexico.

2. If you have any questions, please call Sally Compton, Executive Assistant to the Network Director at 602.222.2692

(original signed by:)

Susan P. Bowers

New Mexico VA HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 11, 2011

From: Director, New Mexico VA HCS (501/00)

Subject: CBOC Reviews: Alamogordo and Artesia, NM

To: Director, VISN 18 (10N18)

I concur with the findings from the OIG CBOC visit conducted June 20-24, 2011. Attached are responses with action plans as appropriate for each recommendation.

(original signed by:)

George Marnell

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 18. We recommended that at least one accessible VA or community-based ED be identified where veterans are directed to seek emergent MH care when necessary at the Artesia CBOC.

Concur

Target date for completion: July 27, 2011

The Emergency Plan for the Artesia Community Based Outpatient Clinic (CBOC) has already been updated to include the specific community based Emergency Department and how Veterans seek care. Specifically, a written list of community based Emergency Department contact information has been posted by staff telephones.

Recommendation 19. We recommended that a contract, sharing agreement, or other appropriate arrangement is developed with the external organization for sharing information.

Concur

Target date for completion: January 5, 2012

The New Mexico VA Health Care System (NMVAHCS) is establishing an agreement between the Artesia CBOC and the community based emergency department for the sharing of information. The Chief, Health Administration Service is developing the document for signature by NMVAHCS Director and representative of the community based emergency department. Once the agreement is established it will be monitored by the Artesia CBOC staff.

The new Alamogordo contract CBOC, operated by Health Net Federal Services, has an existing contract with a local hospital, including the Emergency Department, which includes explicit language regarding appropriate sharing of information.

Recommendation 20. We recommended that providers at the Artesia CBOC document a justification for the use of Short-Term Fee Basis care in the medical record.

Concur

Target date for completion: November 15, 2011

The Clinical Providers at the Artesia CBOC already document the medical need for the Short-Term Fee Basis consult. However, fields will be added to the local consult template that explicitly includes language about providing the service locally in lieu of providing staff treatment. The Chief, Health Administration Service is adding these justification fields to the existing CPRS template.

Recommendation 21. We recommended that the Short-Term Fee Basis consults are approved at the Artesia CBOC no later than 10 days from the date the consult was initiated.

Concur

Target date for completion: December 15, 2011

The NMVAHCS Managed Care Office has enhanced the processing of applications for fee-basis care to include regular monitoring and tracking of consults from the Artesia CBOC. This process will include regular reporting to those who approve fee-basis care including Imaging, specialty services, and the Chief of Staff office.

Recommendation 22. We recommended that the Short-Term Fee Basis consults at the Artesia CBOC are approved by appropriate leadership or a designee in accordance with VHA and local policy.

Concur

Target date for completion: October 15, 2011

Short-Term Fee Basis consults at the Artesia CBOC are approved by the appropriate leadership or designee in accordance with VHA and local policy; however, the process for designees (during absences, personnel in an acting capacity) was not clearly articulated as part of this process. The NMVAHCS will enhance its policy to specifically include that designees/acting personnel can approve short-term fee basis consults.

Recommendation 23. We recommended that the copies of Short-Term Fee Basis reports of Artesia CBOC patients are filed or scanned into the medical record.

Concur

Target date for completion: November 15, 2011

Report of the results of Short-Term Fee Basis services will be scanned into CPRS by the Artesia CBOC staff. Artesia CBOC staff received training on scanning into CPRS in the first quarter of FY11. The Fee Basis Authorization document will be amended by NMVAHCS Chief, Health Administration Service to include the requirement that the vendor send the results to the CBOC. The Fee Basis Authorization document will include instructions to provide the results directly to the Artesia CBOC. A process will be put in place and staff will be trained to monitor the receipt of the results and follow up as appropriate with the providing vendor if results are not received in a timely manner.

Recommendation 24. We recommended that the ordering practitioners, or surrogate practitioners, communicate the Short-Term Fee Basis results to the patient within 14 days from the date made available to the ordering practitioner at the Artesia CBOC.

Concur

Target date for completion: December 15, 2011

The NMVAHCS Rural Health Business Manager is developing an enhanced process for the Artesia CBOC that will require ordering Providers (or their surrogate) to communicate the results within 14 days. Once developed and implemented this process will be monitored by the Artesia CBOC staff.

Recommendation 25. We recommended that managers at the Alamogordo and Artesia CBOCs establish a process to ensure patients with normal mammograms are provided written notification of results within the allotted timeframe and that notification is documented in the medical record.

Concur

Target date for completion: December 15, 2011

The Standard Operating Procedure for the mammogram process was amended July 8, 2011 to specifically require written notification of normal mammograms within 14 days and document these results in CPRS. The Alamogordo and Artesia CBOC staff will be trained on this new process and will monitor compliance.

Recommendation 26. We recommended that managers at the Alamogordo and Artesia CBOCs establish a process to ensure that all mammogram orders are entered into the radiology package and that all mammography results are linked to the appropriate order.

Concur

Target date for completion: October 15, 2011

The Standard Operating Procedure for the mammogram process was amended July 8, 2011 to also specify the entry of orders in the radiology package of CPRS, with the notation of services to be provided locally if applicable. Training on this process change was provided to the CBOC staff on July 19, 2011.

Recommendation 27. We recommended adequate competency data is maintained in all providers' profiles and that the Executive Committee of the Medical Staff meeting minutes reflect sufficient discussion of the competency data.

Concur

Target date for completion: November 15, 2011

The competency data of providers discussed during this OIG site visit were for Alamogordo Contract CBOC. The Ongoing Provider Practice Evaluation (OPPE) process for Alamogordo contract was identified by NMVAHCS in 2010 when the Statement of Work was completed. This Peer Review process was an additional requirement in the Alamogordo contract that activated May 1, 2011. The schedule for reviewing this OPPE data began with the review of July 2011 patient records. The documentation provided to the Professional Standards Board will reflect the aggregate review of these results.

Recommendation 28. We recommended that FPPEs are initiated for all licensed independent practitioners who have been newly hired or have requested new privileges at the Alamogordo CBOC.

Concur

Target date for completion: November 15, 2011

The NMVAHCS credentialing and privileging process will be enhanced to include that Contract provider FPPEs are initiated. The Rural Health Business Manager will ensure that new providers at the Alamogordo Contract CBOC will be included in this Peer Review process within 30 days of hire. Providers requesting new privileges will be included in the Peer Review process.

Recommendation 29. We recommended that the New Mexico VA HCS competency policy defines who is responsible for competency validation, the process for selection of qualified personnel to assess and validate competencies, and actions taken when staff fail to demonstrate competency.

Concur

Target date for completion: September 15, 2011

The NMVHACS competency policy has been updated by NMVAHCS Human Resources Management Service to reflect who is responsible for competency validation, the process for selection of qualified personnel to assess and validate competencies, and actions taken when staff fails to demonstrate competency. The enhanced policy is in the concurrence process.

Recommendation 30. We recommended that managers at the Artesia CBOC ensure that staff members receive competency training for assistive devices.

Concur

Target date for completion: December 15, 2011

Competencies and training on assistive devices for Artesia CBOC staff will be established by the Ambulatory Care Associate Chief Nurse and NMVAHCS assistive

devices qualified personnel. Once the competencies have been determined, training will be completed and documentation will be placed in staff competency files.

Recommendation 31. We recommended that the Artesia CBOC implement appropriate measures to secure IT network equipment in accordance with VA policy.

Concur

Target date for completion: June 1, 2012

Measures have been taken to address the limitations of the physical space in the Artesia CBOC. The IT network equipment is in an area of restricted access by staff and patients with staff escort only.

A new Statement of Work includes the VA policy requirements for the IT network equipment. The NMVAHCS anticipates the CBOC will move to a new location in FY2012.

Recommendation 32. We recommended that the PCMM Coordinator's duties at the New Mexico VA HCS are performed in accordance with VHA policy to reduce the number of veterans assigned to more than one PCP.

Concur

Target date for completion: August 1, 2011

The PCMM Coordinator has implemented a process to ensure that a patient is assigned to a panel after confirming the patient is not assigned to another facility, and resolution of the panel assignment. PCMM Coordinator has implemented a monthly process to identify patients for removal from a panel. This enhanced process will be monitored by the Ambulatory Care Supervisor.

Recommendation 33. We recommended that the Facility Director at the New Mexico VA HCS follow-up with the Contracting Office regarding the status of an unprocessed letter of collection for the 4th Qtr, FY 2010 penalty.

Concur

Target date for completion: August 31, 2011

The VISN 18 Network Contracting Manager is working with the local Supervisory Contracting Manager to investigate the status of the penalty assessment associated with performance measure issue, and to ensure that appropriate policies and procedures are followed.

Recommendation 34. We recommended that the Contracting Office at the New Mexico VA HCS has a complete copy of all executed contracts.

Concur

Target date for completion: August 31, 2011

The NMVAHCS Contracting Office has a complete copy of all executed contracts associated with the Alamogordo CBOC. The local Supervisory Contracting Manager is reviewing the process to ensure that the COTR has the necessary documents.

Northern Arizona VA HCS Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: August 2, 2011

From: Director, Northern Arizona VA HCS (649/00)

Subject: CBOC Reviews: Bellemont and Kingman, AZ

To: Director, VISN 18 (10N18)

1. I have reviewed and concur with the findings and recommendations by the Office of the Inspector General in their review of the Community Based Outpatient Clinics at Bellemont and Kingman, Arizona.

2. Corrective action plans have been established with target completion dates, as detailed in the attached report.

(original signed by:)

Donna K. Jacobs, FACHE

Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations to the Office of Inspector General's report:

OIG Recommendations

Recommendation 35. We recommended that the name of the approving official for Short-Term Fee Basis consults at the Bellemont and Kingman CBOCs is documented and retrievable.

Concur

Target date for completion: June 20, 2011

Action Plan: To ensure the approving official for Short Term Fee Basis consults is documented and retrievable, on June 20, 2011, the Fee Department implemented the process of documenting the name of the approving official for Short-Term Fee Basis consults in Clinical Tracking in the Fee Basis Claims System. This information is retrievable by staff. Closure of this recommendation is requested.

Recommendation 36. We recommended that the ordering practitioners, or surrogate practitioners at the Kingman CBOC communicate the Short-Term Fee Basis consult results to the patient within 14 days from the date made available to the ordering practitioner.

Concur

Target date for completion: August 5, 2011

Action Plan: To ensure that Fee Basis Consult results at the Kingman CBOC are communicated to patients within the specified timeframe, the following actions are being taken. The Primary Care Service Line Standard Operating Procedure, "Reporting Test Results," explicitly outlines the responsibilities and process of notification of all diagnostic test results to patients, and it will be used for communication of consults results. The elements of documentation, and template to be used, will be communicated to all ordering providers with refresher training completed and implemented by August 5, 2011.

Recommendation 37. We recommended the Professional Standard Board ensures that the providers at the Kingman CBOC have evidence of relevant training, experience, and current competency prior to approving clinical privileges.

Concur

Target date for completion: September 30, 2011

Action Plan: The Professional Standards Board reviews evidence of training, experience and current competency prior to recommending appointment and approving clinical privileges through the use of primary source verification and peer references. The Board will further strengthen this process through development of more specific documentation from professional references, peers, supervisors and/or training program directors, confirming assessment of current competency of clinical privileges.

Recommendation 38. We recommended the Professional Standard Board ensures that aggregated and comparison data is collected and utilized during provider's re-appraisal process.

Concur

Target date for completion: September 30, 2011

Action Plan: The Professional Standards Board has established specific criteria for Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation, and compares provider data with aggregate facility data. The Board will strengthen the process through review and revision of privilege forms, development of additional specific criteria and documentation of the same at the time of provider re-appointment and re-privileging.

Recommendation 39. We recommended that the Professional Standard Board ensures that service-specific clinical triggers are established to evaluate the professional competency of providers at the Bellemont and Kingman CBOCs as required by VHA policy.

Concur

Target date for completion: September 30, 2011

Action Plan: The Professional Standards Board has established specific clinical triggers for Focused Professional Practice Evaluation from the protected peer review outcomes. The Board will ensure that additional service-specific clinical triggers are established to evaluate the competency of providers at the Bellemont and Kingman CBOCs. These triggers will be documented in the provider's performance improvement folder.

Recommendation 40. We recommended that handicap parking spaces at the Kingman CBOC meet the minimum size specification as required by the ADA.

Concur

Target date for completion: August 31, 2011

Action Plan: Handicap parking space divisions at the Kingman CBOC will be re-painted and handicap signs relocated by August 31, 2011, to conform to ADA handicap stall size requirements. The building landlord has been notified of this action.

Recommendation 41. We recommended that seating in the waiting room at the Kingman CBOC is conducive to patient safety.

Concur

Target date for completion: September 30, 2011

Action Plan: To ensure that seating in the waiting room at the Kingman CBOC is conducive to patient safety, a connector kit for connecting chairs is on order and will be installed on waiting room chairs in the Kingman CBOC by September 30, 2011.

Recommendation 42. We recommended patient privacy is maintained and PII is protected at the Kingman CBOC.

Concur

Target date for completion: August 5, 2011

Action Plan: To ensure that auditory privacy is maintained at the Kingman CBOC, signage will be posted by August 5, 2011, at the check-in area requesting patients to stand behind the sign while waiting to be called to the counter for assistance – this is being done in order to respect the privacy of others. All CBOC staff will be trained and educated to remind patients to respect privacy by providing space and distance. Staff will be instructed to speak to patients being served at the check-in counter in a volume appropriate to personal conversations. Staff will be educated in regards to the expectation that patients and visitors will be escorted while they are in the back office/medical area of the clinic in order to prevent the possible viewing of PII by unauthorized persons. Finally, staff will be instructed concerning the proper handling and securing of PII. All training and implementation is to be completed by August 5, 2011. Environment of Care rounds which are conducted monthly will include an evaluation noting the presence of any unsecured or unprotected PII.

Recommendation 43. We recommended that hand hygiene data is collected monthly and reported be location-specific for the Bellemont and Kingman CBOCs.

Concur

Target date for completion: August 31, 2011

Action Plan: To ensure that hand hygiene data is collected monthly at all CBOCs, the hand hygiene monitoring tool has been added to the CBOC Monthly Safety Surveillance Rounds checklist that is completed monthly by the CBOC Nurse Supervisor. Hand hygiene monitoring is completed for a minimum of five observations per CBOC per month, with results from each CBOC sent to the NAVAHCs MRSA Coordinator for analysis. Staff education on this new process was completed and CBOC-specific data monitoring began in July 2011. The first month of data (July 2011) will be provided to and analyzed by the MRSA Coordinator by August 31, 2011.

Recommendation 44. We recommended that the PCMM Coordinator's duties at the Northern Arizona VA HCS are performed in accordance with the VHA policy to reduce the number of veterans assigned to more than one PCP.

Concur

Target date for completion: August 31, 2011

Action Plan: The PCMM coordinator will review VHA policies concerning dual care assignment of patients. The coordinator will audit Primary Care panels to identify dual assigned patients and verify their eligibility for maintaining dual assignment per directive. Any Veteran not eligible for dual assignment will be contacted to identify their preference as to which facility they wish to refer to as their primary facility for care. Those identifying other facilities other than NAVAHCS will be unassigned from NAVAHCS roles. Those identifying NAVAHCS as their preferred primary facility will remain on NAVAHCS roles and the other facilities at which they show dual assignment will be contacted to request unassignment from their roles.

OIG Contact and Staff Acknowledgments

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